



City of Miramar | Building Division

Community & Economic Development Department
 2200 Civic Center Place | Miramar, Florida 33025
 Tel: 954.602.3200 | Fax: 954.602.3635
 www.miramarfl.gov

A/C CHANGE OUT

Who Can Apply (A)

A. Licensed Mechanical Contractors: Permit can be issued to Licensed Contractors properly registered in the Community Development - Building Division. Contractors shall provide all required applications properly signed and notarized. **Also, Contract signed by both parties (Contractor & Homeowner) shall be provided indicating contract value per every applicable discipline.**

ATTENTION APPLICANT

Disclaimer: The information shown below does not necessarily reflect all requirements needed for permit application and inspections. This information is intended only for minimum guidelines about how to proceed with the application for a permit and the required inspections. **As per Florida Building Code, section 107.2.1,** construction documents shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail that it will conform to the provisions of this Code (FBC 2014) and relevant laws, ordinances, rules and regulations, as determined by the **Building Official**.

Required Documents

- ☐ Permit application describing scope of work. If ductworks are included in the scope of work, then additional information is required (i.e. plans, ductwork sizing, etc.) If Electrical works are included in the scope of work, then an Electrical application and plans are required.
- ☐ Contract signed by both parties (Contractor & Homeowner) including labor and materials.
- ☐ Notice of Commencement (F.S 713.135 d), if job value is more than \$7,500 as per value in a contract signed by both parties (Contractor & Homeowner) or as determined by Building Official. Notice of commencement must be filed at the Broward County Government Center / Records Division 115 S. Andrews Ave. Fort Lauderdale, FL 33301.
- ☐ One (1) sets of A/C Replacement sheet (See attached)
- ☐ One (1) set of AHRI Sheet
- ☐ Current Manufacturer's Tie-down Product Approval or an Original Engineered tie-down detail signed & sealed by Professional Engineer.
- If unit is a roof mounted or gable wall mounted, then provide two (2) sets tie-down original engineered details signed & sealed by Professional Engineer.

Application Reviewed by →

- **Mechanical**
- **Electrical (If Electrical work is included in the scope of work, then an Electrical application form is required)**

Required Inspection → Final Inspection (Locking refrigerant caps as per FBC (M) 1101.10) **Locking access port caps.** Refrigerant circuit access ports located outdoors shall be fitted with locking-type tamper-resistant caps or shall be otherwise secured to prevent unauthorized access.

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select Trade: ☐ Building ☐ Electrical ☐ Plumbing ☐ Mechanical ☐ Other _____

Application Number: _____

Application Date: _____

1	Job Address: _____		Unit: _____	City: _____	
	Tax Folio No.: _____		Flood Zone: _____	BFE: _____	Floor Area: _____
	Building Use: _____		Construction Type: _____		Occupancy Group: _____
	Present Use: _____		Proposed Used: _____		
	Description of Work: _____				
	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Revision <input type="checkbox"/> Other: _____				
	Legal Description: _____ <input type="checkbox"/> Attachment				

2	Property Owner: _____		Phone: _____	Email: _____	
	Owner's Address: _____		City: _____	State: _____	Zip: _____

3	Contracting Co.: _____		Phone: _____	Email: _____	
	Company Address: _____		City: _____	State: _____	Zip: _____
	Qualifier's Name: _____		Owner-Builder: <input type="checkbox"/>	License Number: _____	

4	Architect/Engineer's Name: _____		Phone: _____	Email: _____	
	Architect/Engineer's Address: _____		City: _____	State: _____	Zip: _____
	Bonding Company: _____				
	Bonding Company Address: _____		City: _____	State: _____	Zip: _____
	Fee Simple Titleholder's name (if other than owner): _____				
	Fee Simple Titleholder's Address (If other than owner): _____		City: _____	State: _____	Zip: _____
	Mortgage Lender's Name: _____				
Mortgage Lender's Address: _____		City: _____	State: _____	Zip: _____	

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X _____
Signature of Property Owner or Agent

X _____
Signature of Qualifier

STATE OF FLORIDA
COUNTY OF _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

(Type / Print Property Owner or Agent Name)

(Type / Print Qualifier's Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature

NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Type of Identification Produced _____

APPROVED BY : _____ Permit Officer Issue Date: _____ Code in Effect: _____

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.

Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.



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A/C REPLACEMENT SHEET

Attention → This replacement sheet must be completely filled out as a requirement for permit approval.

Contractor _____ Permit # _____

Job Address _____ Miramar, FL _____

EXISTING UNIT TO BE REPLACED

Manufacturer (Make) _____

AHU Model # _____ Heatstrip (KW) _____

Condenser Model # _____

Package Unit Model # _____ Heatstrip (KW) _____

NEW EQUIPMENT

Manufacturer (Make) _____

AHU Model # _____ Heatstrip KW _____

Min. Circuit Ampacity _____ Max. Circuit Ampacity _____

Condenser Model # _____

Min. Circuit Ampacity _____ Max. Circuit Ampacity _____

Package Unit Model # _____ Heatstrip KW _____

Min. Circuit Ampacity _____ Max. Circuit Ampacity _____

S.E.E.R : _____

Package Unit or Condenser Location →
☐ Ground
☐ Roof Mounted
☐ Gable Wall

Wire Size _____ Type _____ (TW, THW, THWN)

Size of Disconnect, Circuit Breaker or fuse _____

New 2014 Code Requirements for A/C Change Out Application/Permit

1. AHRI Sheet.
2. FBC (M) 1101.10: Locking refrigerant caps
3. Current Product Approval Manufacturer's tie-down or signed & sealed engineered details tie-down method.
4. Heater Kit must be marked on the air handler before Final Inspection. Failure to comply with this requirement will result in a failed inspection.

PERMIT NUMBER:

NOTICE OF COMMENCEMENT

The undersigned hereby given notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes the following information is provided in the Notice of Commencement.

1. DESCRIPTION OF PROPERTY (Legal description & street address, if available) TAX FOLIO NO.:

SUBDIVISION BLOCK TRACT LOT BLDG UNIT

2. GENERAL DESCRIPTION OF IMPROVEMENT:

3. OWNER INFORMATION: a. Name

b. Address c. Interest in property

d. Name and address of fee simple titleholder (if other than Owner)

4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:

5. SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT:

6. LENDER'S NAME, ADDRESS AND PHONE NUMBER:

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes:
NAME, ADDRESS AND PHONE NUMBER:

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes:
NAME, ADDRESS AND PHONE NUMBER:

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified):, 20

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or
Owner's Authorized Officer/Director/Partner/Manager

Print Name and Provide Signatory's Title/Office

State of Florida
County of Broward

The foregoing instrument was acknowledged before me this day of, 20

By, as
(name of person) (type of authority,...e.g. officer, trustee, attorney in fact)

For.
(name of party on behalf of whom instrument was executed)

Personally known or produced the following type of identification:

Notary

(Signature of Notary Public)

Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

Signature(s) of Owner(s) or Owner(s)' Authorized Officer/ Director / Partner/Manager who signed above:

By By